

¹ 5 U.S.C. § 8101 *et seq.*

employment, including using both hands to grip and hold tools as a mechanic for 15 years. He noted that he first became aware of his condition on August 9, 2012 and first realized its relation to his federal employment on July 31, 2020. Appellant did not stop work.

A notification of personnel action (Form SF-50) dated March 15, 2020, indicated that appellant was an electronic integrated systems mechanic.

On June 23, 2020 Dr. William Gunnett, a Board-certified orthopedist, related appellant's ongoing complaints of bilateral hand numbness and tingling. He noted that he worked as a mechanic and that repetitive motions while performing his official duties exacerbated his symptoms. Dr. Gunnett further indicated that appellant had been using carpal tunnel braces for 10 years but that his ongoing symptoms caused him to drop objects.

OWCP received appellant's health summary report dated July 23, 2020 from an unidentifiable health care provider.

In a July 28, 2020 diagnostic report, Dr. Samina Anwar, a Board-certified neurologist, performed a physical examination and diagnosed bilateral carpal tunnel syndrome.

On July 31, 2020 Dr. Gunnett noted that appellant was examined for carpal tunnel syndrome and recommended open carpal tunnel release.

An August 4, 2020 return-to-work note from Dr. Gunnett indicated that appellant could perform his regular work duties until he underwent surgery.

In an August 25, 2020 note, Stephanie Duran, a certified occupational nurse, related appellant's duties as a mechanic for 15 years, which included repetitively turning wrenches and handling air tools. She further noted that he had been experiencing intermittent numbness of both hands since 2012 as a result of his employment activities. A return-to-work note of even date from Ms. Duran indicated that appellant could return to work without restrictions.

In a September 3, 2020 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP also requested a narrative medical report from appellant's treating physician, which contains a detailed description of findings and a diagnosis, explaining how the claimed employment factors caused, contributed to, or aggravated his medical conditions. In a separate development letter of even date, it requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of appellant's allegations. OWCP afforded both parties 30 days to respond.

On September 15, 2020 appellant responded to OWCP's questionnaire detailing his employment activities as a mechanic. He noted that his official duties require him to use pneumatic hand tools to disassemble heavy equipment in a production line. Appellant further explained that he first noticed numbness in his hand in 2012, and that symptoms gradually worsened despite wearing wrist braces for eight years. He asserted that he does not engage in any physical activities outside of his federal employment.

In a September 30, 2020 statement, E.L., a supervisor with the employing establishment, noted that appellant worked with equipment that was ergonomically engineered and designed to minimize the possibility of injury. He further explained that appellant worked in pairs to prevent one person performing the same tasks for an extended period of time.

By decision dated October 30, 2020, OWCP denied appellant's occupational disease claim, finding that his claim was untimely filed because he did not file his claim within three years of the date of injury.

On November 3, 2020 appellant timely filed a request for an oral hearing before a representative of OWCP's Branch and Hearings Review. The hearing was held on January 27, 2021. The record was held open for 30 days for submission of additional evidence.

In a letter of even date, Dr. Gunnett opined with a reasonable degree of medical certainty that appellant's use of air tools, as part of his official duties, aggravated his diagnosed carpal tunnel syndrome.

By decision dated April 5, 2021, the hearing representative affirmed, as modified, OWCP's October 30, 2020 decision, finding that appellant's claim was timely filed. However, the claim remained denied as the medical evidence of record was insufficient to establish that bilateral carpal tunnel syndrome causally related to the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation period of FECA,³ that an injury was sustained in the performance of duty, as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.⁴ These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁵

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which

² *Supra* note 1.

³ *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *R.R.*, Docket No. 19-0048 (issued April 25, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is casually related to the identified employment factors.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background. Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).⁷

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish bilateral carpal tunnel syndrome causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted a letter from Dr. Gunnett dated January 27, 2021, wherein he opined that the use of air tools as part of his official duties as a mechanic aggravated his carpal tunnel syndrome. The Board finds that, while he provided an opinion on causal relationship, Dr. Gunnett's letter is insufficient to meet appellant's burden of proof, as he did not provide adequate medical reasoning to explain how the use of air tools caused or contributed to appellant's diagnosed medical condition. The Board has held that medical evidence that does not offer a rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁸ Thus, Dr. Gunnett's January 27, 2021 letter is insufficient to meet appellant's burden of proof.

OWCP also received medical reports dated June 23 and July 31, 2020 from Dr. Gunnett, who noted that appellant experienced bilateral hand numbness and tingling, and diagnosed him with carpal tunnel syndrome. However, in his reports, Dr. Gunnett did not offer an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of employee's condition is of no probative value on the issue of causal relationship.⁹ As such, Dr. Gunnett's remaining reports are of no probative value and are insufficient to establish appellant's claim.

The remaining medical evidence consists of a diagnostic report dated July 28, 2020 from Dr. Anwar, who diagnosed bilateral carpal tunnel syndrome. The Board has held, however, that diagnostic studies, standing alone, lack probative value and are, therefore, insufficient to establish

⁶ *R.G.*, Docket No. 19-0233 (issued July 16, 2019). *See also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁷ *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *M.E.*, Docket No. 18-0940 (issued June 11, 2019).

⁹ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see D.K.*, Docket No. 17-1549 (issued July 6, 2018).

the claim.¹⁰ Furthermore, OWCP received a medical report dated August 25, 2020 from Ms. Duran, a certified occupational nurse, who noted appellant's symptoms and official work duties. The Board has held that medical reports signed solely by a nurse practitioner are of no probative value as such providers are not considered physicians as defined under FECA.¹¹ These reports, therefore, are insufficient to establish appellant's burden of proof.

As the medical evidence of record is insufficient to establish bilateral carpal tunnel syndrome causally related to the accepted factors of appellant's federal employment, the Board finds that he has not met his burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish bilateral carpal tunnel syndrome causally related to the accepted factors of his federal employment.

¹⁰ *J.K.*, Docket No. 20-0591 (issued August 12, 2020); *see A.B.*, Docket No. 17-0301 (issued May 19, 2017).

¹¹ Section 8101(2) of FECA provides that a physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *see also M.C.*, Docket No. 19-1074 (issued June 12, 2020); *C.C.*, Docket No. 21-0900 (issued April 6, 2022) (nurses are not considered physicians as defined under FECA).

ORDER

IT IS HEREBY ORDERED THAT the April 5, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 19, 2022
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board